

First Name (Please Print)		Last Name	
Organization/Title			
Address	City	State	Zip
Business Phone	Fax	Email Address	

☐ Public ☐ Private ☐ LE ☐ EM ☐ EMS ☐ Fire ☐ LEPC ☐ Other:_____

FEES: Fees include conference materials and meals per agenda.

**** Spouse & guest meals include an evening meal on 10/9 & breakfast on 10/10 & 10/11.**

Attendee	Fee	After 9/22/06	
<input type="checkbox"/> Conference Registration	\$200	\$225	\$_____
<input type="checkbox"/> 2006 MEMA Member	\$175	\$225	\$_____
<input type="checkbox"/> "NEW" MEMA Member	\$175	\$225	\$_____
<i>Included proof of membership</i>			
<input type="checkbox"/> MEMA/PEM Awards Banquet	\$10	\$10	\$_____
<input type="checkbox"/> SERC Member	N/C	\$225	\$_____
Spouse/Guest			
<input type="checkbox"/> Meals **	\$ 50	\$ 60	\$_____
<input type="checkbox"/> Awards Banquet	\$ 20	\$ 20	\$_____
Name Required _____		TOTAL DUE	\$_____

Evening Meal MUST be Pre-registered.

Attendee: ☐ Monday Spouse/Guest: ☐ Monday
 Vegetarian meal available upon request.

I will be attending this special meeting:

☐ MEMA Meeting ☐ SERC Meeting

Registration Deadline September 29, 2006

PAYMENT BY CHECK OR MONEY ORDER

Payable to: **State Of Michigan**

Send this form with payment to:

Michigan State Police
Budget & Financial Services Division
714 S. Harrison Road
East Lansing, MI 48823

If paying by check or money order you are encouraged to fax the application first to secure a spot to (517) 336-3983.

☐ Check Enclosed ☐ Please Invoice

☐ P.O. #.....

PAYMENT BY CREDIT CARD

FAX completed form to: (517) 336-3983

☐ Visa ☐ Mastercard ☐ Personal

☐ Discovery ☐ American Express ☐ Corp.

Card #..... Exp.....

Signature..... Date.....

Printed Name on Card:

No cancellations or refunds after

September 29, 2006.

Substitutions will be accepted.

Please refer to our web site for updated information at
www.michigan.gov/emhsd

Questions please contact: Tara McLeod at
 517-333-4416 or mcleodta@michigan.gov

WORKSHOP SELECTION:

Please indicate 1st and 2nd choices in each time slot.

MONDAY 10/9 Special Workshop for Spouse/Guest 1:00-3:00 pm (No Charge for Workshop & Lunch)

Name _____
 See workshops & details for descriptions.

TUESDAY 10/10

8:00-9:00 am 9:30-10:30 am 11:00-12:00 pm

A1: _____	B1: _____	C1: _____
A2: _____	B2: _____	C2: _____
A3: _____	B3: _____	C3: _____
A4: _____	B4: _____	C4: _____
A5: _____	B5: _____	C5: _____
A6: _____	B6: _____	C6: _____
A7: _____	B7: _____	C7: _____
A8: _____	B8: _____	C8: _____
A9: _____	B9: _____	C9: _____
A10: _____	B10: _____	C10: _____
A11: _____	B11: _____	C11: _____
A12: _____	B12: _____	C12: _____

1:30-2:30 pm 3:00-4:00 pm

D1: _____	E1: _____
D2: _____	E2: _____
D3: _____	E3: _____
D4: _____	E4: _____
D5: _____	E5: _____
D6: _____	E6: _____
D7: _____	E7: _____
D8: _____	E8: _____
D9: _____	E9: _____
D10: _____	E10: _____
D11: _____	E11: _____
D12: _____	E12: _____

For Office Use Only
 2006 SUM

Index: 28100

PCA: 28580